

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name <u>City of San Jose</u>		San Jose City Stamp <u>OTC JFW</u> 2019 JUL 18 PM 3:56	Date Stamp Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) <u>Council District 9</u>				
Designated Agency Contact (Name, Title) <u>Pamela Foley, Councilmember</u>				
Area Code/Phone Number <u>408 535-4909</u>	E-mail <u>district9@sanjoseca.gov</u>	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 195.00

Event Description: Queen + Adam Lambert Date(s) 07/14/19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San Jose Arena Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Foley, Pamela
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
<u>District 9</u>	<u>46</u>	<u>Recognize community volunteers in the LGBTQ community.</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
<u>Foley, Pamela</u>	<u>2</u>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <u>Host</u>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
<u>Billy DeFrank Center</u> <u>938 The Alameda San Jose, CA 95126</u>	<u>10</u>	<u>To honor their work + dedication to the LGBTQ community.</u>

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Pam Foley Councilmember 07/18/19
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____